

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SEARCH NO. 097926693	FILING DATE					
						APPLICANT(S)						
14-7204 10-2204 CLAIMS												
NO.	AS FILED ~		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		NO.	* IND. DEP.		NO.	* IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.	DEP.
1	1						51					
2	1		1		1		52					
3	1	1		1		1	53					
4	1			1		1	54					
5	1			1		1	55					
6	1			1		1	56					
7	1			1		1	57					
8	1	1	1	1	1	1	58					
9	1		1		1		59					
10	1		1		1		60					
11	1		1		1		61					
12	1		1		1		62					
13	1		1		1		63					
14	1		1		1		64					
15			1		1		65					
16			1		1		66					
17			1		1		67					
18			1		1		68					
19			1		1		69					
20			1		1		70					
21			1		1		71					
22			1		1		72					
23			1		1		73					
24			1		1		74					
25			1		1		75					
26			1		1		76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	7		1		1		TOTAL IND.					
TOTAL DEP.	7	1	1	1	1	1	TOTAL DEP.					
TOTAL CLAIMS	14	1	1	1	1	1	TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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